## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

| Ellective dandary 1, 2000  |  |   |  |                               |              |                  |              | 10-619-832          |                        |                            |                            |                        |  |
|--|--|---|--|-------------------------------|--------------|------------------|--------------|---------------------|------------------------|----------------------------|----------------------------|------------------------|--|
|  |  | CLAIMS AS                                 | S FILED - PART I<br>(Column 1)         |                               | (Column 2)   |                  |              | SMALL ENTITY TYPE   |                        | OR                         | OTHER THAN<br>SMALL ENTITY |                        |  |
| TOTAL CLAIMS   |  |   | 56                                     |                               |              |                  |              | RATE                | FEE                    |                            | RATE                       | FEE                    |  |
| FOR  |  |   | NUMBER FILED                           |                               | NUMBER EXTRA |                  |              | BASIC FEE           | 375.00                 | OR                         | BASIC FEE                  | 750.00                 |  |
| TOTAL CHARGEABLE CLAIMS  |  |   | 56 minus 20=                           |                               | * 36         |                  |              | X\$ 9=              |                        | OR                         | X\$18=                     | 648                    |  |
| INDEPENDENT CLAIMS   |  |   | ( minus 3 =                            |                               | 7            |                  |              | X42=                |                        | OR                         | X84=                       | 588                    |  |
| ML   | ILTIPLE DEPEN                                  | DENT CLAIM PI                             | RESENT                                 |                               |              |                  |              | +140=               |                        | OR                         | +280=                      |                        |  |
| * <b>I</b> f   | the difference                                 | in column 1 is                            | ess than zero, enter "0" in column     |                               |              | olumn 2          | l            | TOTAL               |                        | OR                         | TOTAL                      | 1986                   |  |
|  | C  | LAIMS AS A<br>(Column 1)                  | MENDED - PART II (Column 2) (Column 3) |                               |              | <b>)</b>         | SMALL ENTITY |                     | OR                     | OTHER THAN<br>SMALL ENTITY |                            |                        |  |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY | PRESENT<br>EXTRA |              | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | *   | Minus                                  | **                            |              | =                |              | X\$ 9=              |                        | OR                         | X\$18=                     |                        |  |
|  | Independent                                    | *   | Minus                                  | ***                           | F CL AINA    | =                |              | X42=                |                        | OR                         | X84=                       |                        |  |
| L  | FIRST PRESE                                    | NTATION OF MI                             | OLIPLE DEP                             | ENDEN                         | CLAIM        |                  | ן נ          | +140=               |                        | OR                         | +280=                      |                        |  |
|  |  |   |  |                               |              |                  |              | TOTAL<br>ADDIT. FEE |                        | OR                         | TOTAL<br>ADDIT, FEE        |                        |  |
|  | (Column 1) (Column 2) (Column 3)               |   |  |                               |              |                  |              |                     |                        |                            |                            |                        |  |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY | PRESENT<br>EXTRA |              | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | *   | Minus                                  | **                            |              | =                | ]            | X\$ 9=              |                        | OR                         | X\$18=                     |                        |  |
|  | Independent                                    | *   | Minus                                  | ***                           | CLAIM        | =                | 4 [          | X42=                |                        | OR                         | X84=                       |                        |  |
| L  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                               |              |                  | J            | +140=               |                        | OR                         | +280=                      |                        |  |
|  |  |   |  |                               |              |                  |              | TOTAL<br>ADDIT. FEE |                        | OR                         | TOTAL<br>ADDIT. FEE        |                        |  |
|  |  | (Column 1)                                |  | (Colur                        |              | (Column 3)       |              |                     |                        | v                          |                            |                        |  |
| AMENDMENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY | PRESENT<br>EXTRA |              | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | *   | Minus                                  | **                            |              | =                | ┇            | X\$ 9=              |                        | OR                         | X\$18=                     |                        |  |
|  | Independent                                    | *   | Minus                                  | ***                           | F CL AINA    | ]=               | - [          | X42=                |                        | OR                         | X84=                       |                        |  |
| _  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                               |              |                  |              | +140=               |                        | OR                         | +280=                      |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |  |                               |              |                  |              |                     |                        |                            |                            |                        |  |